



Based on the information you provided, these are your recommended amounts from each food group. For more information, go to MyPyramid.gov.

| | GRAINS Make half your grains whole | VEGETABLES Vary your veggies | FRUITS Focus on fruits | MILK Get your calcium-rich foods | MEAT & BEANS Choose lean with protein |
|-------------------|---------------------------------------|---------------------------------|---------------------------|-------------------------------------|--|
| Birth to 6 Months | | | | | |
| 6 to 12 Months | | | | | |

* These are only estimates of your needs while you breastfeed. Check with your health care provider to make sure you are losing the weight gained during pregnancy.

The calories and amounts of food you need change over time while you are breastfeeding. Your Plan may show different amounts of food for different months, to meet your changing nutritional needs.

| Know your limits on fats, sugars, and sodium | | |
|--|----------------------------|--|
| | OILS Aim for this much: | EXTRAS Limit extras (solid fats and sugars) to this much: |
| Birth to 6 Months | | |
| 6 to 12 Months | | |